



## FIRM VOCATIONAL PROVIDER ACCOUNT CHANGE FORM

**Items not listed on this change form must be changed through submittal of a new Vocational Provider Account Application.** An application or additional change forms can be downloaded from the department's website at [www.lni.wa.gov/hsa/vocational.htm](http://www.lni.wa.gov/hsa/vocational.htm).

Please refer to the instructions (on reverse) when making changes. The firm's vocational manager must sign the form to initiate the changes.

### Firm (Payee Provider) Changes

Firm Name (Please Print) _____	Phone _____
Firm Provider Account Number _____	Federal Tax ID _____

Change in Branch Address – only for changes of branch address within the same service location.	
Branch number (if known) _____	
Old physical address and telephone number (street address, city, state, zip) _____	
New physical address and telephone number (street address, city, state, zip) _____	
Effective date of change _____	

Contact Person's Name _____	Billing Phone _____
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Staff Deletions (You may copy this form)			
Provider Name	Provider Number	VRC/Intern ID #	Date of Separation
Provider Name	Provider Number	VRC/Intern ID #	Date of Separation

Branch Deletions (You may copy this form)				
Effective Date	Address	City	State	ZIP

### Firm Designee Information

Add/Delete (circle one)	Effective Date	Name (please print)	Branch Location(s)	LINIIS Logon ID (if assigned)
Add   Delete				
Add   Delete				

I (print name of vocational manager) _____ attest that all of the information presented here by me is true and accurate, and that I agree to abide by the terms of the Vocational Provider Application and Agreement, as amended by any changes presented on this Firm Vocational Provider Account Change Form.
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\_\_\_\_\_  
Signature of Vocational Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
For L&I Use Only

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FIRM VOCATIONAL PROVIDER ACCOUNT CHANGE FORM.

**Firms (Payee Providers)**

Please enter your firm name, telephone number, your provider account number and federal tax identifier as currently listed with the department to ensure changes are made to the correct provider account.

**Change in Branch Address within same Service Location only**

Utilize this form for change in Branch Address within same Service Location only. For other changes in Branch Address, utilize the Vocational Provider Account Application (F252-017-000). Changes to mailing, warrant, or correspondence address must utilize the standard Provider Accounts Change form (F245-365-000) available from L&I. The standard Provider Accounts Change form can be obtained at <http://www.lni.wa.gov/forms>

**Contact Person's Name**

Complete if contact person for purposes of account and/or billing has changed.

**Billing Phone**

Complete if billing phone (where we may call regarding your account/bills) has changed.

**Staff Deletion**

Enter the name, provider number, VRC/Intern number and date of separation for VRC/Interns no longer associated with your firm.

**Firm Branch Deletion**

List addresses of branch or branches you wish to delete. List the effective date. If adding a branch in a new service location, you must submit a new Vocational Provider Account Application.

**Tax ID Address Change**

Utilize the standard Provider Accounts Change form (F245-365-000) available from L&I. The standard Provider Accounts Change form can be obtained at <http://www.lni.wa.gov/forms>

**Tax ID Number Change**

If you have a tax ID number change, please complete a new Vocational Provider Account Application and Form W-9 and return it to the appropriate address on the form. Please include a list of all providers with their provider account numbers who should be changed to the new tax ID number. The Form W-9 must show the effective date of the change.

**Voc Link Connect – Firm Designee Information**

Please indicate whether you are adding or deleting designee(s) for your firm. List the effective date of deletion of a firm designee. If you have more additions or deletions, please submit on a new form (copy as needed). All copies must be signed.

For additional information regarding the vocational rehabilitation rules, visit our web-site:

[www.lni.wa.gov/hsa/vocational.htm](http://www.lni.wa.gov/hsa/vocational.htm)

Send completed form to:

Private Sector Rehabilitation Services  
Department of Labor and Industries  
PO Box 44326  
Olympia, WA 98504-4326

360/902-6753  
FAX 360/902-6706

Additional copies of this form can be obtained at the L&I vocational services web site. The standard Provider Accounts Change form can be obtained at <http://www.lni.wa.gov/forms>